Understanding
SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)

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Overview of Session

- NREPP overview
- Preparing for NREPP submission
- Submitting an intervention to NREPP
- Implementation: Making an evidence-based program work for you
- Building an evidence base for an intervention

NREPP Overview

What Is NREPP?

- A searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers

- New site (**www.nrepp.samhsa.gov**) launched on March 1, 2007

- Assists the public in identifying interventions that
  - Have been scientifically tested – have an "evidence base"
  - Can be readily disseminated to the field
  - May fit their needs and resources

Intervention Summaries

NREPP publishes and posts an intervention summary for each intervention reviewed. Each summary includes:

- Descriptive information

- Quality of Research and Readiness for Dissemination ratings

- A list of studies and materials reviewed

- Contact information to obtain more information on studies and implementation

Background – Why

- Organizations – want to provide what works

- Funders – want to pay for what works

- Consumers and families – want to receive what works

- So . . . what works?

Background – How

Asked public what it wanted from NREPP (through August 2005 *Federal Register* notice). Responses highlighted need for:

- **More choice:** Increase number and type of interventions; assist users in identifying "good fits" rather than "forced fits"

- **More transparency:** Provide customizable searches, strengths and weaknesses of interventions listed, details of selection and review processes

- **Elimination of mandates for use of system:** Encourage adoption by others

Current Status

- As of May 2010 – 163 interventions have been reviewed and posted on the Web site

- Approximately 55 additional interventions were accepted for review prior to 2010 open submission process

- 2010 open submission process resulted in acceptance of 49 new interventions

- Between 3 and 5 new postings per month

Consider This . . .

The NREPP Web site has generated substantial interest among agency stakeholders and the general public:

- **504,488** visitors between 3/1/2007 and 4/1/2010

- Average of more than **13,500** visitors per month

Review Process

NREPP review process overview (see Attachment 1)

- http://nrepp.samhsa.gov/review.asp

Selection and training of NREPP reviewers

- http://nrepp.samhsa.gov/review-reviewers.asp

Why Prepare Your Program for NREPP Submission?

- Program development

- Sustainability

- Dissemination

Preparing for NREPP Submission

Minimum Review Requirements

- To be considered for review, four minimum requirements must be met

- Minimum requirements are posted prior to the open submission period in a *Federal Register* notice (FRN) (see Attachment 2)

Demonstrating Evidence Base

Minimum Requirements

- Study design
- Behavioral outcomes in substance abuse and/or mental health

  - Documented p values

- Published results

  - Peer-reviewed journal article
  - Comprehensive evaluation report

QOR Rating Criteria

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

(See Attachment 3)

Disseminating Implementation Materials

Minimum Requirements

- Dissemination materials are developed and available to the public

RFD Rating Criteria

1. Availability of implementation materials

2. Availability of training and support resources

3. Availability of quality assurance procedures

(See Attachment 3)

Submitting an Intervention to NREPP

Submission Tips

- Electronic submissions are preferred
- Do not include information beyond what is requested in the FRN
- Do not submit copies of dissemination materials
- Only submit materials that address the four minimum requirements

Summary of Submissions

First open submission period (10/06–2/07)

- 53 interventions submitted
- 35 interventions (66%) accepted for review

Second open submission period (10/07–2/08)

- 70 interventions submitted
- 46 interventions (66%) accepted for review

Third open submission period (10/09–2/10)

- 109 interventions submitted
- 49 interventions (45%) accepted for review

Submission Contact Information

Individuals and/or organizations interested in submitting an intervention for potential inclusion in NREPP should contact the NREPP contractor, MANILA Consulting Group:

Phone: 1-866-43NREPP (1-866-436-7377)
E-mail: **nrepp@samhsa.hhs.gov**

"The use of effective interventions without implementation strategies is like serum without a syringe; the cure is available but the delivery system is not."

Source: Fixsen, Blase, Duda, Naoom, & Van Dyke, 2010

Five Stages of Implementation

- Exploration

- Installation

- Initial implementation

- Full implementation

- Program sustainability

Source: Fixsen, Naoom, Blase, Friedman, & Wallace, 2005

Exploration: Getting Started

- **Identify your community's needs** to determine the type of program that will be most appropriate

- **Assess your organization's capacity,** including financial resources, organizational commitment, and community buy-in, to determine your ability to implement a program with fidelity

- **Search program registries to choose a program** that matches your community needs and your organization's available resources (see Attachments 4, 5, and 6)

Installation:
Launching Your Program

- **Establish** space in the organization for the program
- **Develop** easily accessible data systems to collect and measure the effects of the program and the process
- **Install** and debug any needed equipment (e.g., software)
- **Interview** current staff to ensure a match with needed qualifications
- **Recruit, select, and hire** additional staff as needed
- **Train** staff to use the program and any new systems or equipment needed for implementation

Installation:
Launching Your Program (cont'd)

Best Practices

- Establish an implementation team

- Identify and engage an individual or group to "champion" or promote the program

- Budget for startup costs

- Recognize and address issues regarding readiness

Installation:
Launching Your Program (cont'd)

Potential Challenges

- The organization will be spending money before new services are being provided
- The "status quo" or "business as usual" attitudes and behaviors will be challenged, which can cause discomfort and disruption
- A deeper understanding of the challenges of implementing the new program may surface as practitioners, staff, and leadership individuals are asked to change behaviors and processes
- The new program may cause disequilibrium in the system

Initial Implementation:
Expect the Unexpected

- **Incorporate** new skills into practice

- **Implement** new practice with fidelity

- **Identify** and remove barriers to success

- **Manage** change and expectations

- **Accept guidance, support, and feedback** from those trained in the new program or practice

Initial Implementation:
Expect the Unexpected (cont'd)

Best Practices

- Manage the change process: One role for the implementation team will be to guide and manage the change process and help mitigate fear and resistance

- Accept abundant coaching: Ongoing consistent coaching for line staff and practitioners is critical to implementation success

Initial Implementation:
Expect the Unexpected (cont'd)

Potential Challenges

- Resistance to change: Putting new and unfamiliar skills and processes to use can be uncomfortable

- Inertia: Program implementation may get stalled on bumps and snags along the way, causing the initiative to lose momentum

- Program adaptations: Discomfort and uncertainty can lead to changes to core intervention components

- Unrealistic expectations: Organizational leaders and funders may have unrealistic expectations regarding implementation progress or consumer outcomes during this stage

Full Implementation: The Program Is in Place

- **Monitor** and evaluate fidelity to ensure the program is being skillfully delivered
- **Maintain** integrated, fully functioning core program components
- **Modify** program to improve outcomes, with careful consideration to program fidelity

Full Implementation:
The Program Is in Place (cont'd)

Best Practices

- Maintain and improve service, linkages, support, and infrastructure

- Maintain integrated, fully functioning core program components; if adaptations must be made, engage the program developer in the adaptation process

- Monitor and evaluate fidelity to ensure the program is being skillfully delivered, using fidelity measures and indicators developed specifically for this purpose

Full Implementation:
The Program Is in Place (cont'd)

Potential Challenges

- Lack of training or failure to receive the full dosage of training intended
- Lack of required materials
- Use of some but not all of the required lessons and delivery strategies
- Failure to offer the program in the required sequence of stages
- Failure to plan for and manage staff turnover
- Lack of adequate referrals
- Lack of time to implement the entire program
- Miscellaneous difficulties or inconveniences, such as technology or equipment failures
- Day-to-day crises
- Failure to maintain the buy-in and support of staff, administrators, or others

Program Sustainability: Maintaining Success

- **Plan** for sustainability early in implementation
- **Adapt** continually to changes in organization and community
- **Nurture and maintain** organization leadership and staff
- **Involve** leadership in feedback loop with providers and recipients
- **Institutionalize** quality assurance mechanism

Program Sustainability: Maintaining Success (cont'd)

Best Practices

- Ensure continued funding for the program and the supporting infrastructure are built into organization's budget

- Ensure fidelity to core program components

- Develop and implement plans for quality improvement, including regularly reviewing process and outcome measures and using results to improve the program

- Evaluate data systems that support decisionmaking regarding ongoing implementation of the program

- Develop new community partnerships while maintaining existing relationships

- Share positive results with staff, community, and others to maintain buy-in and support

- Celebrate success with program recipients, staff, and community

Program Sustainability: Maintaining Success (cont'd)

Potential Challenges

- Funding levels or sources of funding

- Staff turnover

- Organizational priorities

- Organizational leadership

"The bridge from science to service must be built, repaired, maintained, and improved."

Source: NIRN Brief, January 2009

NREPP

National Registry of Evidence-based Programs and Practices

NREPP Web Site:
Native American Programs

American Indian Life Skills Development/Zuni Life Skills Development

American Indian Life Skills Development (the currently available version of the former Zuni Life Skills Development program) is a school-based suicide prevention curriculum designed to reduce suicide risk and improve protective factors among American Indian adolescents 14 to 19 years old.

American Indian Life Skills Development/Zuni Life Skills Development (cont'd)

Study	Age	Gender	Race/Ethnicity
Study 1	13-17 (Adolescent)	65% Female 35% Male	100% American Indian or Alaska Native

American Indian Life Skills Development/Zuni Life Skills Development (cont'd)

Contact Information

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DARE to be You

DARE to be You (DTBY) is a multilevel prevention program that serves high-risk families with children 2 to 5 years old. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resilience to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills.

DARE to be You (cont'd)

Study	Age	Gender	Race/Ethnicity
Study 1	0-5 (Early childhood) 18-25 (Young adult) 26-55 (Adult)	69.9% Female 15.4% Male	42.1% White 26.2% American Indian or Alaska Native 23% Hispanic or Latino 1.4% Race/ethnicity unspecified
Study 2	0-5 (Early childhood) 18-25 (Young adult) 26-55 (Adult)	71.5% Female 22.2% Male	48.9% White 27.4% American Indian or Alaska Native 11.5% Hispanic or Latino 4.8% Race/ethnicity unspecified

DARE to be You (cont'd)

Contact Information

Jan Miller-Heyl
Program Director
Youth Program
Colorado State University Extension
215 North Linden Street, Suite E
Cortez, CO 81321
Phone: (970) 565-3606
Fax: (970) 565-4641
E-mail: darecort@ext.colostate.edu

Sue Sidinger
Programs Administrative Assistant
Youth Program
Colorado State University Extension
136 Aylesworth Hall, NW
Fort Collins, CO 80523
Phone: (970) 491-2666
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E-mail: sidinger@ext.colostate.edu

Families and Schools Together (FAST)

Families and Schools Together (FAST) is a multifamily group intervention designed to build relationships between families, schools, and communities to increase well-being among elementary school children. The program's objectives are to enhance family functioning, prevent school failure, prevent substance misuse by the children and other family members, and reduce the stress that children and parents experience in daily situations.

Families and Schools Together (FAST) (cont'd)

Study	Age	Gender	Race/Ethnicity
Study 1	0-5 (Early childhood) 6-12 (Childhood)	Data not reported/available	100% American Indian or Alaska Native
Study 2	0-5 (Early childhood) 6-12 (Childhood)	59% Female 41% Male	100% Hispanic or Latino
Study 3	0-5 (Early childhood) 6-12 (Childhood)	57% Female 43% Male	40% White 35% Black or African American 13% Asian 12% Hispanic or Latino

Families and Schools Together (FAST) (cont'd)

Contact Information

Patricia Davenport

Chief Executive Officer

Families and Schools Together, Inc.

2801 International Lane, Suite 212

Madison, WI 53704

Phone: (888) 629-2481

Fax: (608) 663-2336

E-mail: pdavenport@familiesandschools.org

Project Venture

Project Venture is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade American Indian youth. It aims to develop the social and emotional competence that facilitates youths' resistance to alcohol, tobacco, and other drug use. Based on traditional American Indian values such as family, learning from the natural world, spiritual awareness, service to others, and respect, Project Venture's approach is positive and strengths based.

Project Venture (cont'd)

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood) 13-17 (Adolescent)	51.6% Male 48.4% Female	61% American Indian or Alaska Native 27% Hispanic or Latino 12% White
Study 2	6-12 (Childhood) 13-17 (Adolescent)	50.3% Female 49.7% Male	75.5% American Indian or Alaska Native 15.6% Hispanic or Latino 5.3% White 3.3% Race/ethnicity unspecified 0.3% Native Hawaiian or other Pacific Islander

Project Venture (cont'd)

Contact Information

McClellan (Mac) Hall

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Service to Science (STS) & the Native American Center for Excellence (NACE)

- STS – assistance in building an evidence base, which is required for NREPP consideration

- A collaborative effort between many different groups (NACE, CSAP, CRP, NACE evaluators, CAPT evaluators, and the programs)

What Does STS Offer?

STS has four primary components:

- **Assessment** of a program's current evaluation methods

- An individualized **action plan** to strengthen the program's evaluation activities

- Follow-up evaluation **TA** to help the program build evidence of effectiveness

- **Culturally centered approach** to program evaluation

What Does STS Offer? (cont'd)

STS is a program-driven approach:

- Program leadership is key in identifying program needs and designing program evaluation plans
- The tribal program's work and the follow-up are driven by what the program leadership wants to achieve

STS Resources for 2010 Academy Participants (April 2010)

Follow-Up Technical Assistance (TA)

- Each STS participant is eligible for up to 40 hours of evaluation-related follow-up TA
  - 30 hours from NACE services and/or consultants
  - 10 hours from CAPT evaluator
- Follow-up TA is geared toward further supporting efforts to improve evaluation through consultations with NACE and CAPT evaluation experts

STS Resources for 2010 Academy Participants (cont'd)

Mini-Subcontracts

- CSAP has made available five mini-subcontracts of up to $25,000 each for programs participating in annual Tribal Service to Science Academies

- To be eligible, a program must submit a proposal in response to the mini-subcontract Request for Proposals (RFP), usually published in the fall

STS Resources for 2010 Academy Participants (cont'd)

Additional Follow-Up TA

- All programs receiving mini-subcontracts will have up to 20 additional follow-up TA hours
  - 10 from NACE services and/or consultants
  - 10 from CAPT evaluator
- This TA will be available during the duration of the mini-subcontract's 12-month period

NACE Nominations

Native American interventions interested in building an evidence base should be nominated for potential STS support through NACE

STS Contact

For more information about STS-related resources, please contact:

     Gary Neumann (gary.neuman@kauffmaninc.com)
     Phone: (301) 588-6800
     or
     Anthony Ernst (anthony.ernst@kauffmaninc.com)
     Phone: (301) 588-6800